

Person Filing: _____
Address (if not protected): _____
City, State, Zip Code: _____
Telephone: _____
Email Address: _____
ATLAS Number: _____
Lawyer's Bar Number: _____

FOR CLERK'S USE ONLY

Representing ☐ Self, without a Lawyer or ☐ Attorney for ☐ Petitioner OR ☐ Respondent

SUPERIOR COURT OF ARIZONA IN MARICOPA COUNTY

Petitioner

Case Number: _____

ATLAS Number: _____
(if applicable)

Respondent

PETITION FOR LEGAL SEPARATION WITH MINOR CHILDREN

STATEMENTS MADE TO THE COURT, UNDER OATH OR AFFIRMATION:

GENERAL INFORMATION:

1. INFORMATION ABOUT ME, THE PETITIONER

Name: _____
Address _____
Date of Birth _____
Job Title: _____
I have lived in Arizona for ____ years and/or ____ months

2. INFORMATION ABOUT, MY SPOUSE, THE RESPONDENT:

Name: _____
Address _____
Date of Birth _____
Job Title: _____
Respondent has lived in Arizona for ____ years and/or ____ months

3. INFORMATION ABOUT MY MARRIAGE:

Date of Marriage: _____
City and state, or country where we were married: _____

4. CHILDREN OF THE PARTIES WHO ARE LESS THAN 18 YEARS OLD (check one box):

☐ There are **no** children under the age of 18 either born to, or adopted by, the parties.
**NOTE: IF YOU CHECKED THIS BOX, STOP. YOU SHOULD BE USING THE PETITION PACKET
TO GET A LEGAL SEPARATION WITHOUT CHILDREN.**

- ☐ The following child(ren) is (are) under age 18 and were born to or adopted by my spouse and me:
(Attach extra pages if necessary).

Child's Name: _____
 Birthdate: _____
 Address: _____
 Length of Time at Address: _____

Child's Name: _____
 Birthdate: _____
 Address: _____
 Length of Time at Address: _____

Child's Name: _____
 Birthdate: _____
 Address: _____
 Length of Time at Address: _____

Child's Name: _____
 Birthdate: _____
 Address: _____
 Length of Time at Address: _____

5. **RESIDENCY REQUIREMENT.** When I file this document with the Court, either ☐ I or ☐ my spouse live or are stationed while a member of the Armed Forces, in Arizona. **(WARNING: If this statement is not true, you cannot file for legal separation until it becomes true.)**

6. **DESIRE TO LIVE SEPARATE AND APART.** My marriage is irretrievably broken (my marriage is over) or I and/or my spouse desire to live separate and apart. (This must be a true statement or you cannot file for a Petition for Legal Separation.)

7. **DOMESTIC VIOLENCE.** *(If you intend to ask for joint legal decision-making authority (custody) there must have been no "significant" domestic violence in your marriage. A.R.S. 25-403.03. Check the box that makes a true statement):*
 Significant domestic violence ☐ **has** OR ☐ **has not** occurred during this marriage.

8. **PREGNANCY.**

- ☐ Wife is not pregnant, OR
☐ Wife is pregnant
 The baby is due on _____ (date), (and, check one box below):
☐ The Petitioner and Respondent are the parents of the child, OR
☐ Petitioner is not the parent of the child, OR.
☐ Respondent is not the parent of the child.

9. **SPOUSAL MAINTENANCE (ALIMONY). (Check the box that applies to you):**

- ☐ Neither party is entitled to Spousal Maintenance (alimony), OR
☐ Petitioner OR ☐ Respondent is entitled to Spousal Maintenance because: (Check one or more of the box(es) below that apply. At least one reason must apply to get spousal maintenance.)
☐ Person lacks sufficient property to provide for his or her reasonable needs;
☐ Person is unable to support himself or herself through appropriate employment;
☐ Person is the custodian of a child(ren) whose age or condition is such that the person should not be required to seek employment outside the home;
☐ Person lacks earning ability in the labor market adequate to support himself or herself; and,
☐ Person contributed to the educational opportunities of the other spouse or had a marriage of long duration and is now of an age that precludes the possibility of gaining employment adequate to support himself or herself.

INFORMATION ABOUT PROPERTY AND DEBTS:

10(a) PROPERTY ACQUIRED DURING THE MARRIAGE. (Check one box)

- ☐ My spouse and I did not acquire community property during the marriage, OR
- ☐ My spouse and I acquired community property during our marriage, and we should divide it as follows: (List the property and the value of the property, and check the box to tell the Court who should get the property.)

WARNING: You must be specific. You must describe the property that should go to you and then check the box, and describe the property that should go to your spouse, and check the box. For example, under household furnishings you could say, blue and white living room sofa, and then check the box to say whether it should go to you or to your spouse. Never list an item and then check both the Petitioner box and the Respondent box.

DESCRIPTION OF PROPERTY/ VALUE OF PROPERTY:	You, Petitioner	Your Spouse (Respondent)	Value
<input type="checkbox"/> Real estate at: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

<input type="checkbox"/> Real estate at: _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Legal Description: _____			

<input type="checkbox"/> Household furniture and appliances:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Household furnishings:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
<input type="checkbox"/> Other items:			
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

	You, Petitioner	Your Spouse	Value
<input type="checkbox"/> Pension/retirement fund/profit sharing / stock plan/401K:		(Respondent)	
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

DESCRIPTION OF PROPERTY/	You, Petitioner	Your Spouse (Respondent)	Value
<input type="checkbox"/> Motor vehicles:			
Make _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Model _____ Year _____			
VIN _____			
Lien Holder _____			
 Make _____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
Model _____ Year _____			
VIN _____			
Lien Holder _____			

10(b) PROPERTY ACQUIRED BEFORE MARRIAGE. (Check all boxes that apply.)

- ☐ I do not have any property that I brought into the marriage (separate property).
- ☐ My spouse, the Respondent does not have any property that he or she brought into the marriage. (separate property).
- ☐ I have property that I brought into the marriage (separate property). I want this property awarded to me as described below.
- ☐ My spouse, the Respondent, has property that he or she brought into the marriage. I want this property awarded to my spouse as described below.

Separate Property: (List the property and the value of the property, and check the box to tell the Court who should get the property.)

DESCRIPTION OF PROPERTY	You, Petitioner	Your Spouse, (Respondent)	Value
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

11(a) DEBTS INCURRED DURING THE MARRIAGE. (check one box)

- ☐ My spouse and I did not incur any community debts during the marriage, OR
- ☐ We should divide the responsibility for the community debts incurred during the marriage as follows: _____
- _____
- _____

DESCRIPTION OF DEBT	You, Petitioner	Your Spouse, (Respondent)	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

11(b) SEPARATE DEBTS. (Check all boxes that apply.)

- ☐ My spouse and I do not have any debts that were incurred prior to the marriage, OR
- ☐ I have separate debt that I incurred prior to the marriage which should be paid by me as described below:
- ☐ My spouse has separate debt that he or she incurred prior to the marriage which should be paid by my spouse as described below:

DESCRIPTION OF DEBT	You, Petitioner	Your Spouse, (Respondent)	Amount
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

12. TAX RETURNS. After the Judge or Commissioner signs the Order of Legal Separation, the parties will file state and federal taxes as follows:

13. WRITTEN AGREEMENT. CHECK ONLY IF TRUE:

- ☐ My spouse and I have a written agreement signed by both of us about the maintenance of a spouse, division of property/debt, where the children will live, authority for legal decision-making concerning the children (legal custody), parenting time, and child support, and I have attached a copy of the written agreement.

OTHER STATEMENTS TO THE COURT UNDER OATH OR AFFIRMATION: You must tell the court the truth. Lying to the court is a crime and the court can punish you for lying. To file for legal separation, you must be able to tell the Court that the following statements are true. If the statements are not true, you cannot file for legal separation until the statements are true. Check the box in front of each statement if the statement is true. If you do not understand what the statements mean, read the instructions that go along with the Petition for Legal Separation.

- 14.** ☐ **TRUE** The conciliation requirements under Arizona law either do not apply or have been met.
- 15.** ☐ **TRUE** This court has jurisdiction to decide legal decision-making authority (custody) matters under Arizona law.

REQUESTS TO THE COURT

- A. LEGAL SEPARATION:** An order of legal separation.
- B. SPOUSAL MAINTENANCE/SUPPORT:** ☐ Order neither party to pay spousal maintenance
OR ☐ Order spousal support to be paid by ☐ Petitioner, or ☐ Respondent in the amount of \$_____ per month beginning with the first day of the month after the Judicial Officer signs the Decree and continuing until the person receiving spousal maintenance is remarried or deceased, or for a period of _____ months. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse.
- C. COMMUNITY PROPERTY:** Make a fair division of all community property as requested in this Petition.
- D. COMMUNITY DEBTS:** Order each party to pay community debts as requested in the Petition, and to pay any other community debts unknown to the other party. Order each party to pay and hold the other party harmless from debts incurred by him or her since the parties separation on (date): _____.
- E. SEPARATE PROPERTY:** Award each party his or her separate property.
- F. PRIMARY RESIDENTIAL PARENT, PARENTING TIME, AND AUTHORITY FOR LEGAL DECISION MAKING (CUSTODY):** Declare which parent shall be designated as "Primary Residential Parent" for each minor child as follows:

☐ Declare **Mother** as primary residential parent for the following named children:

☐ Declare **Father** as primary residential parent for the following named children:

subject to parenting time, as follows:

F.1. PARENTING TIME: Award parenting time as follows:

- ☐ Reasonable parenting time rights to the non-primary residential parent, **OR**
- ☐ Supervised parenting time between the children and ☐ Mother **OR** ☐ Father, **OR**
- ☐ No parenting time rights to the ☐ Mother **OR** ☐ Father.

Supervised or no parenting time is in the best interests of the child(ren) because: *

☐ Explanation continues on attached pages made part of this document by reference.

a. Name this person to supervise: _____

b. Restrict parenting time as follows: _____

c. Order cost of supervised parenting time (if applicable) to be paid by:

- ☐ Mother
☐ Father, **OR**
☐ Shared equally by the parties.

F.2. AUTHORITY FOR LEGAL DECISION MAKING (CUSTODY): Award legal authority to make decisions concerning the child(ren) as follows:

☐ **AWARD SOLE AUTHORITY FOR LEGAL DECISION-MAKING to:** ☐ Mother ☐ Father

OR

☐ **AWARD JOINT AUTHORITY FOR LEGAL DECISION MAKING to BOTH PARENTS.**

Mother and Father will agree to act as joint legal decision makers concerning the minor child(ren) and will submit a Parenting Plan and Joint Legal Decision Making Agreement signed by the both parties.

(For the court to order "joint" legal decision making, there must have been no "significant" domestic violence according to Arizona law, A.R.S. § 25-403.03)

G. CHILD SUPPORT: Order that child support will be paid by: ☐ Mother **OR** ☐ Father in a reasonable amount as determined by the Court under the Arizona Child Support Guidelines. (I will attach the Child Support Order to the Decree). Support payments will begin on the first day of the first month following the entry of the decree. These payments, and a fee for handling, will be paid through the Support Payment Clearinghouse and collected by automatic Income Withholding Order.

H. MEDICAL, DENTAL, VISION CARE FOR MINOR CHILDREN: Order that:

☐ **Mother** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

☐ **Father** is responsible for providing: ☐ medical ☐ dental ☐ vision care insurance.

Mother and Father will pay for all reasonable unreimbursed medical, dental, and health-related expenses incurred for the child(ren) in proportion to their respective incomes as described in the Parents' Worksheet, which I will submit with the Decree.

I. TAX EXEMPTION: Order that the parties will claim the income tax dependency exemption for the minor child(ren) on federal and state income tax returns as allowed by federal and state tax laws and as follows. Parent entitled to claim exemption for each child is entered as "**M**" for Mother and "**F**" for Father.

Parent entitled to claim	Name of Child	Starting Tax Year:
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other
<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Every Year <input type="checkbox"/> Every Other

J. OTHER ORDERS I AM REQUESTING (Explain request here):

UNDER OATH OR BY AFFIRMATION

I swear or affirm under penalty of perjury that the contents of this document are true and correct to the best of my knowledge and belief.

Date

Petitioner's Signature

Sworn to or Affirmed before me this _____ by _____
(Date)

Printed Name

My Commission Expires: (or _____
Seal below)

Deputy Clerk or ☐ Notary Public